10/665923

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

- V1 V13 069

| CLAIMS AS FILED - PART I (Column 1)   |   |   |               |                               |                              | (Column 2)       |          | SMALL ENTITY TYPE  |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|---|---|---------------|-------------------------------|------------------------------|------------------|----------|--------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |   |   | 21            |                               |                              |                  | ſ        | RATE               | FEE                    |                            | RATE                | FEE                    |  |
| FOR   |   |   | NUMBER FILED  |                               | NUMBER EXTRA                 |                  |          | BASIC FEE          | 375.00                 | OR                         | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 7-5 minus 20= |                               | • 55                         |                  |          | X\$ 9=             |                        | OR                         | X\$18=              | 996.1                  |  |
| INDEPENDENT CLAIMS  |   |   | // minus 3 =  |                               | * 8'                         |                  | Ì        | X42=               |                        | OR                         | X84=                | 672                    |  |
| MU  | LTIPLE DEPEN  | DENT CLAIM PR                             | RESENT        |                               | , I                          |                  | Ī        | +140=              |                        | OR                         | +280=               | 280                    |  |
| _   |   | in column 1 is l                          | less than ze  | ıro, entei                    | r "0" in c                   | olumn 2          | L        | TOTAL              |                        | OR                         | TOTAL               | 2692                   |  |
| fre<br>W  | ndt c   | LAIMS AS A<br>(Column 1)                  | MENDED        | - PAR<br>(Colur               |                              | (Column 3)       |          | SMALL E            | ENTITY                 | or '                       | OTHER<br>SMALL      |                        |  |
| AMENDMENTA  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | • 75 73                                   | Minus         | ** *                          | 15                           | · Ø              |          | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus         | ***                           | [[                           | = Ø              |          | X42=               |                        | OR                         | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |               |                               |                              |                  |          | +140=              |                        | OR                         | +280=               |                        |  |
|   |   |   |               |                               |                              |                  |          | TOTAL<br>ODIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |               |                               |                              |                  |          |                    |                        |                            |                     |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREVI                         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus         | **                            |                              | =                |          | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus         | ***                           |                              | <u> -</u>        |          | X42=               |                        | OR                         | X84=                |                        |  |
| Ľ   | FIRST PHESE   | NTATION OF MI                             | JLI IPLE DEI  | PENDEN                        | CLAIM                        |                  | <b>J</b> | +140=              |                        | OR                         | +280=               |                        |  |
| L.  |   |   |               |                               |                              |                  |          |                    |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |               |                               |                              |                  |          |                    |                        |                            |                     |                        |  |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | •   | Minus         | **                            |                              | =                | 1 [      | X\$ 9=             |                        | OR                         | X\$18=              |                        |  |
|   | Independent   | *   | Minus         | ***                           |                              | -                | <b>!</b> | X42=               |                        | OR                         | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |               |                               |                              |                  |          |                    |                        |                            | .000 -              |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  +140=  OR +280=  TOTAL |   |   |               |                               |                              |                  |          |                    |                        |                            |                     |                        |  |
| **  | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |               |                               |                              |                  |          |                    |                        |                            |                     |                        |  |